## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO. | FILING DATE

10 577000
APPLICANT(S)

**CLAIMS** 

	AS FILED		AFTER 1"AMENDMENT		AFTER 2 MAMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
2						
3						<u> </u>
4	<del></del>	1 1				<u> </u>
5						
6	`					
7					1	
.9						
10	<del></del>					
11	-					<del></del>
12						
13						
14						
15						
16		J				
17 18						4
19						
20		•			<del>  </del>	
21						<u> </u>
22						
23						
24						
25						
26			·		· ·	
27 28						
29			<del></del>			
30	·					
31						
32						
33						
34						
35						
36						
37						
38						
39						
40 41					<del></del>	
41						
43					<del></del>	<del></del>
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	3	1		1		1
TOTAL		, * I		, <b>*</b>		- ▼
DEP.	14	<b>(=</b>		<b>(-</b>		<b>(=</b>
TOTAL CLAIMS						
			3	※ 対応 と 技術		